

P04000036059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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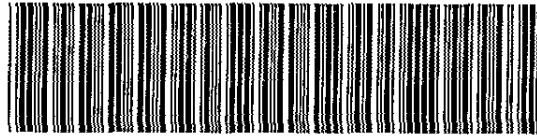
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Crash Collision Custom Paint and Body Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Cindy Carrion
Name (Printed or typed)

~~3020 N.E. 9th Terrace~~
Address

Pompano Beach, Fl 33064

City, State & Zip _____

954-309-7373 / 954 -568-2405
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Crash Collision Custom Paint and Body Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3025 North Old Dixie Highway, Bays 6 and 7
Delray Beach, Fl 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Custom Paint and Auto Body

ARTICLE IV SHARES

The number of shares of stock is:

Minimum

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cindy Carrion, President
Joseph Anthony Sarro Sr., Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Cindy Carrion
3020 N.E. 9th Terrace
Pompano Beach, Fl 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cindy Carrion
3020 N.E. 9th Terrace
Pompano Beach, Fl 33064

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

2/17/04

Date

2/17/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA